BEST AVAILABLE COPY

RECEIVED CENTRAL FAX CENTER

APR 0 4 2006

Approved for use through 12/31/2008. CMB 0651-0035

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

U.S. Patent and Trademark Office; U.S. DED ARMANZ 95.429MERCE

Application of internation unless it gisplays a valid OMS control number.

Application Number

O9/865, 338

Filing Date

5/28/2001

Art Unit

2856

Examiner Name

Aftorney Docket Number

O10462

I hereby revoke all previous powers of attorney given in the above-Identified application.

I hereby revoke all previous powers of attorney given in the above-identified application.					
	ey is submitted herewith.				
OR X I hereby appoint t	the practitioners associated with the Cu	ustomer Number:	30008		
The address Customer Nu	e correspondence address for the above associated with mber: 30008	e-identified application	n to:		
OR	<u> </u>				
Firm or Individual Name					
Address					
City	St	ate	Zip		
Country					
Telephone	_	Email			
1 am the: Applicant/Inven					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature ,	K G				
	f Ehwald	T-10-15-17-17-17-17-17-17-17-17-17-17-17-17-17-	24 2402 50 15		
Date 70.	3.06	Telephone + 49	· - · · · · · · · · · · · · · · ·		
signature is required, see below	entors or assignees of record of the entire interest or the	eir reprosontative(s) are require	o, Suomit multiple forms it more than one		
X Translat 5	forme are automitted				

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTC/SB/82 (01-06)
Approved for use through 12/31/2008. OMB 0851-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unjules; it displays a valid OMB control number.

REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS

	s it crapiays a valid Civio control number.
Application Number	09/865,338
Filing Date	5/28/2001
First Named Inventor	Rudolf Ehwald
Art Unit	2856
Examiner Name	Daniel Sean Larkin
Attorney Docket Number	010462

I hereby revoke all previous powers of attorney given in the above-identified application.						
THOISEN TO TOKE All DIT	TIOUS DOWNERS OF AL	TOTAL THE THE TOTAL THE	abova-identine	u application.		
A Power of Attorn	ey is submitted here	with.				
OR						
X I hereby appoint	the practitioners asso	ociated with the Cust	tomer Number:	30008		
X Please change the	correspondence ad	dress for the above-	identified applica	ition to:		
The address associated with Customer Number: 30008						
OR		•				
Firm or - Individual Name						
Address						
City		State	}	Zip		
Country						
Telephone			Email			
I am the: Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature - 12 8	· clancel-1			· ·		
	rnst Ehwald					
Date 16	-3.06.		elephone + 4	16 33 <u>2 2</u>	625/780	
NOTE: Signatures of all the Inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.".						
Total of 5 forms are submitted,						

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, chould be sent to the Chief Information Office, U.S. Patent and Tredemark Office, U.S. Department of Commercia, P.O. Box 1450, Alexandria, VA 22313-1450. D NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

APR 0 4 2006

PTO/SB/82 (01-08)
Approved for use through 12/31/2008. OMB 0651-0055
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| Application Number | 00/065 000

09/865,338 **REVOCATION OF POWER OF** Filing Date 5/28/2001 ATTORNEY WITH Rudolf Ehwald First Named Inventor NEW POWER OF ATTORNEY Art Unit 2856 AND Daniel Sean Larkin Examiner Name CHANGE OF CORRESPONDENCE ADDRESS 010462 Attorney Docket Number

I hereby revoke all previous powers of attorney given in the above-identified application.					
A Power of Attorney is submitted herewith.					
OR					
X I hereby appoint the practitioners associated with the Customer Number. 30008					
Please change the correspondence address for the above-identified application to: X The address associated with					
Customer Number: 30008					
OR					
Firm or Individual Name					
Address					
City State Zip					
Country					
Telephone Email					
I am the:					
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature Wind					
Name Wolfgang Winkler					
Date March 16, 2006 Telephone +49 335 4335 121					
NOTE: Signatures of all the inventors or easignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more then one signature is required, see below.					
X *Total of 5 forms are submitted.					

This collection of information is required by 37 CFR 1.36. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

APR 0 4 ZUUD

PTO/SB/82 (01-06)
Approved for use through 12/31/2008, OMB 0851-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to resp it displays a valid OMB control number. **Application Number** 09/865,338 **REVOCATION OF POWER OF** 5/28/2001 Filing Date **ATTORNEY WITH** Rudolf Ehwald First Named Inventor NEW POWER OF ATTORNEY. Art Unit AND Daniel Sean Larkin **Examiner Name** CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number 010462

l hereby re	I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.								
OR X I hereby appoint the practitioners associated with the Customer Number: 30008								
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 30008								
OR Firm o					<u> </u>	_ .	 _	
Individ	ual Name			·				
Address								
•	*							
City	:			State			Zip	
Country						And and to be		
Telephone				E	mail			
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature	Del					• • •		$\neg \neg$
Name	Diete	r Knoll	* • • • • • • • • • • • • • • • • • • •					
Date	na	rd 16,2006 Tele		phone +4	69 335	15625 176	-	
NOTE: Signatures of all the inventors or assignoss of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
X Total		forms are submitted.						一

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

APR 0 4 2006

PTO/SB/82 (01-06)
Approved for use through 12/31/2086 OMB 0651-035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unites it displays a valid CMB control number. Application Number 09/865,338 **REVOCATION OF POWER OF** Filing Date 5/28/2001 **ATTORNEY WITH** Rudolf Ehwald First Named Inventor **NEW POWER OF ATTORNEY.** Art Unit 2856 AND Examiner Name Daniel Sean Larkin CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number 010462

A becabis sounds all ma		:- AL -		4*	
I neredy revoke all br	evious powers of attorney given	in the	ароуе-іделитіед аррііс	cation.	
A Power of Attorney is submitted herewith.					
OR					
1 hereby appoint the practitioners associated with the Customer Number:					
X Please change the	e correspondence address for the a	above-i	dentified application to:		
The address Customer Nu	associated with umber: 30008			* .	
OR					
Firm or Individual Name					
Address			· · · · · · · · · · · · · · · · · · ·		
		•			
City		State		Zip	
Country					
Telephone			Email .		
I am the:					
Applicant/Inven	ntor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature & Company					
Name Henr	aing Zinke				
	.03.2006		elephone + 49 - 17		
NOTE: Signatures of all the inventors or assignees of record of the antire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
Total of 5 forms are submitted.					

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a bonefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time was vary depending upon the including case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND YO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.